

United States Of America  
Department of Transportation - Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SA7977SW

*This Certificate issued to* AAR Airframe and Accessories Group, Inc.  
an Illinois Corporation  
DBA: AAR Aircraft Services - Oklahoma  
an Oklahoma Corporation  
6611 South Meridian  
Oklahoma City, OK 73159-1104

*certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 25 of the Federal Aviation Regulations.*

*Original Product Type Certificate Number:* A20EA

*Make:* DE HAVILLAND

*Model:* DHC7

*Description of Type Design Change:*

Installation Freon Air Conditioning on DeHavilland DHC-7 aircraft without battery modifications in the nacelles in accordance with AAR Oklahoma Inc. drawing list 17L006, Rev. B, dated March 4, 1991 or later FAA approved drawing list.

*Limitations and Conditions:*

Compatibility of this modification with previously installed equipment must be determined by installer.

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application:* November 01, 1990

*Date reissued:* 3/24/99; 12/13/00

*Date of issuance:* March 14, 1991

*Date amended:*



*By direction of the Administrator*

*Michele M Owsley*  
(Signature)

Michele M. Owsley, Manager  
Airplane Certification Office,  
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

---

---

### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor)* *(Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_